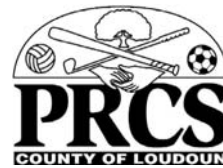


Registration Form

CHILDREN'S PROGRAM DIVISION

County of Loudoun (LCPRCS)
Department of Parks, Recreation and Community Services



PARTICIPANT INFORMATION

| | | | | | |
|---|--------------------|--|-----|------------|-----------|
| Child's Last Name | Child's First Name | Child's Nickname | Sex | Age | Birthdate |
| Child's Address (City, State, Zip Code) | | | | Home Phone | |
| Child's School | Grade | Additional Programs (Sports, School Activities, etc.) Child May Concurrently Attend: | | | |

MEDICAL/INSURANCE INFORMATION

| | | |
|--|-------------------------|--|
| Child's Physician | Physician's Phone | Does your child have allergies? YES NO If yes, indicate allergy and emergency procedure on special needs form. |
| Insurance Company Name/Address | Insurance Policy Number | Insurance Group Number |
| Is your child under a physician's care/treatment or taking medications on a regular basis? YES NO List medication(s) that will need to be administered during program hours: (Medical Form Required.) _____ Please explain (prescription name, prescribing physician, side effects): _____ | | |
| Does your child have identified medical, personal care or special need(s) (developmental, physical, emotional, or learning)? YES NO If yes, please complete the Medical/Personal Care/ Special Need(s)Form | | |

PARENT/GUARDIAN INFORMATION

| | | | | |
|--|----------------|------------|--|---------------------|
| Primary Guardian's Name | SS or DL # | Home Phone | Work Phone | Cell Phone: |
| Home Address (City, State, Zip Code) | | | | |
| Place of Employment | E-mail Address | | Do you have legal custody of child? YES NO | |
| Secondary Guardian's Name | SS or DL # | Home Phone | Work Phone | Cell Phone: |
| Home Address (if different-City, State, Zip Code) | | | | |
| Place of Employment | E-mail Address | | Do you have legal custody of child? YES NO | |
| Person/Agency With Legal Custody if Different from Above | SS or DL # | Home Phone | Work Phone | Cell Phone: |
| Home Address (City, State, Zip Code) | | | | |
| Place of Employment | | | | Place of Employment |

EMERGENCY INFORMATION (3 adults other than parent/guardian, two within 30 miles of the site, authorized to pick up child.)

| | | | | |
|---|--------------|------------|------------|------------|
| 1. Name | Relationship | Work Phone | Home Phone | Cell/Pager |
| Home Address (City, State, Zip Code) | | | | |
| 2. Name | Relationship | Work Phone | Home Phone | Cell/Pager |
| Home Address (City, State, Zip Code) | | | | |
| 3. Name | Relationship | Work Phone | Home Phone | Cell/Pager |
| Home Address (City, State, Zip Code) | | | | |
| The Following person is NOT Authorized to Pick Up Participant*: (Please provide name and relationship) *Appropriate paperwork, such as a divorce decree or other legal documents must be attached if a parent is not allowed to pick up the child. | | | | |

My signature confirms that the above information is accurate; that the guidelines and procedures of the program(s) my child is registered for will be adhered to; and I understand it is my responsibility to keep the above information current.

Signature of Parent or Guardian _____

Date _____

VA Commonwealth School Entrance Health Form _____

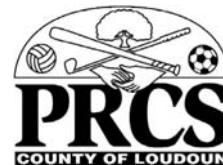
2/06

Reviewed by _____

Children's Program Division Addendum Form

(Circle the program your child is registering for.)

CAMP **CASA** **Before School**



Program Year: _____

Parent/Guardian: _____

Child: _____

Enrollment Date _____ Start Date _____ End Date _____

Program Location: _____

Camp Sessions: (circle) 1 2 3 4 5 6 7 8

CAMP SHIRT: CHILD __S__M__L ADULT __S__M__L__XL__XXL

RELEASES (Please Initial)

EMERGENCY MEDICAL RELEASE

___ In the event of injury or serious illness, I give permission for **LCPRCS** staff to obtain medical treatment for my child, I understand that if my child needs to be transported to an emergency facility, that decision will be made by the emergency team responding to the call.

___ In the event of injury or serious illness, I do not give permission for **LCPRCS** staff to obtain medical treatment for my child. Instead, I instruct **LCPRCS** staff to _____.

PHOTOGRAPHIC RELEASE

By signing below, I give permission to **LCPRCS** to use photographs and videos of my child for publicity in order to increase community awareness of **LCPRCS** programs and in any and all publications and other media without limitation.

FIELD TRIP/SWIMMING RELEASE

By signing below, I give permission for my child to participate in the program's field trips. I understand I will be notified of dates, destinations, times, and pick-up locations of trips. I understand there is an additional charge for Camp field trips and no on-site program during field trip time. Child's swimming level: _____ **Beginner** (Only in shallow levels, not past shoulders) _____ **Average** (Mid section of pool, over head) _____ **Advanced** (All areas). Comment: _____

LIABILITY RELEASE

By signing below I absolve the County of Loudoun of any responsibility for any accident or injury to my child or caused by my child to others where neglect is not involved. Furthermore, I understand that **LCPRCS** can only be responsible for my child during days and times that he/she has been checked in and that **LCPRCS** will not be responsible for my child when he/she is traveling to and from any **LCPRCS** activity via transportation not provided by Loudoun County.

REGISTRATION AGREEMENT (Please sign below)

1. The *Before School* program will be delayed when school is delayed; there is no *CASA* when school is closed or closes early.
2. Children's Programs Division's (CPD) licensed programs are staffed at a maximum ratio of 1:18.
3. I understand swimming/field trips may be part of program activities and I will be notified in advance of dates, destinations, times, and pick-up locations. For Camp field trips there is an additional charge, and no program on site during field trip hours.
4. Movies may be included, but limited to both G and PG rated movies.
5. You must notify the program within 24 hours if anyone in the household has a Communicable Disease. Prior to returning to any CPD program, parents must provide a physicians certification that the condition is no longer contagious.
6. I am aware that *CASA/CAMP'S Shelter In Place* and *Emergency Preparedness Plan* are available at each site.
7. Zero Tolerance Policy: **LCPRCS** does not permit the use of tobacco products, alcohol, drugs, or fireworks.
8. The use or threat of use of weapons is prohibited. Theft, shoplifting, any violent behavior, or destruction of property will result in immediate dismissal from the program and no refund of program fees. Parents will be expected to provide immediate transportation from the program in the event of dismissal.
9. Activity fees are collected prior to the start of the activity and are **NON-REFUNDABLE**. Two weeks written notification, prior to the session beginning, is requested when withdrawing from an activity.
10. *CASA/Before School* activity fees are due by the **1st of the preceding month** - payments received after the 1st, will be assessed a \$25/per child late fee. Exception: AUG/SEPT fee must be received by Aug 1st or you lose the space. Late fees are due with the next month activity fee or within two weeks of the end of the program. If the fee is not received by the 10th, the child will be dropped from the program and may not attend the next month. *CAMP* payments not received by the due date results in loss of space in the program.
11. If a child is withdrawn or dropped from the program, they may re-register, if space is available.
REG FEES: *CASA/Before School* \$45/oer child *CAMP* \$25/per child.
12. Children must be picked up by closing time. Parents will be assessed a late pick-up fee of \$15/per child beginning every 15 minute interval. Late pick-up fees are due with the next program fee or within two weeks of the end of the last camp session attended.
13. *CPD* outstanding balances will restrict registration/attendance at **LCPRCS** activities.
14. I understand that a Parent Handbook and Payment Coupons will be issued and I will abide by the contents of each. Any child may be removed from the program if the rules, regulations and guidelines listed in the Parent Handbook are not adhered to, either by the child or parent/guardian.

My signature confirms that the above information is accurate; that the guidelines and procedures of the program(s) my child is registered for will be adhered to; and I understand it is my responsibility to keep the above information current.

Signature of Parent or Guardian _____

Date _____

Proof of Age and Residency _____

2/06

Reviewed by _____